

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V51364**

1. Corporation Name

**DAVID MARKS INTERIORS, INC.**

FILED

03 NOV 14 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**322 Valencia Road**  
~~201 SUNSET ROAD~~  
WEST PALM BEACH FL 33401

Mailing Address

**322 Valencia Road**  
~~201 SUNSET ROAD~~  
WEST PALM BEACH FL 33401

*[Handwritten initials]*



**REINSTATEMENT 2003**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**322 Valencia Road**  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

**322 Valencia Road**  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

07/16/1992

5. FEI Number

65-0393514

Applied For

Not Applicable

City & State

**West Palm Beach, FL**

City & State

**West Palm Beach, FL**

Zip

**33401**

Country

**USA**

Zip

**33401**

Country

**USA**

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MARKS, DAVID	<del>201 SUNSET ROAD</del> <b>322 Valencia Road</b>	W. PALM BEACH FL 33401

700024763837  
11/17/03-01099-009 \*\*750.00

8. Name and Address of Current Registered Agent

~~MARKS, DAVID~~

~~201 SUNSET ROAD~~ **322 Valencia**  
~~WEST PALM BEACH FL 33401~~  
~~West Palm Beach, FL~~ **33401**

9. Name and Address of New Registered Agent

Name

**Donna Marks**

Street Address (P.O. Box Number is Not Acceptable)

**322 Valencia Road**

Suite, Apt. #, Etc.

City

**West Palm Beach**

State

**FL**

Zip Code

**33401**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*[Handwritten signature]*  
REGISTERED AGENT MUST SIGN

Date

**11/1/03**

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*[Handwritten signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**11/1/03 5614369360**

Daytime Phone #

CR2E040 (7/03)

2057

**David Marks Interiors  
322 Valencia Road  
West Palm Beach, FL 33401**

**November 1, 2003**

**Division of Corporations  
Annual Report/Renstatement Section  
P.O.B.-6327  
Tallahassee, FL 32314-6327**

**Re: Reinstatement**

**Dear Division of Corporations,**

**This letter is written to request reinstatement of the above corporation. David Marks has been terminally ill with cancer and his secretary mistakenly mailed the renewal to his accountant. It has come to my attention and we are in hopes of correcting this error. Thank you for your help.**

**Sincerely,**

  
**Donna Marks**

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
NOV 11 2003